		ersons are required to respond to	a collection of information un	e; U.S. DEPARTMENT OF COMMERCE less it displays a valid OMB control number. Docket Number (Optional)
PEIIII	ON FOR EXTENSION OF			37974-0189
	PE	· · · · · · · · · · · · · · · · · · ·	TESCHNER, Wolfe	
/0		Application Number 09/254,288		Filed April 2, 1999
	2 13 2004 E	For PROCESS FOR PRODUCING A PLASMA PROTEIN- CONTAINING MEDICAMENT		
B. T. Mary	and a seed C	Group Art Unit 1651	Examiner I. Marx	
This	TRANSIS a request under the provis	ions of 37 CFR 1.136((a) to extend the pe	riod for filing a
respo	onse in the above identified a	application.		-
	requested extension and apport time period desired):	propriate non-small-en	tity fee are as follow	vs
	One month (37 CF	R 1.17(a)(1))		\$
	 ☐ Two months (37 CFR 1.17(a)(2)) ☐ Three months (37 CFR 1.17(a)(3)) ☐ Four months (37 CFR 1.17(a)(4)) ☐ Five months (37 CFR 1.17(a)(5)) 			\$ <u>450.00</u>
				\$
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	Applicant claims small en	tity status. See 37 CF	R 1.27. Therefore,	the fee amount shown
	above is reduced by one-	•		
	•			hio
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
	The Commissioner is her		ge any fees which i	may be required,
	or credit any overpayme	nt, to Deposit Account	Number <u>08-1641</u> .	
	I have enclosed a duplication	ate copy of this sheet.		
I am t	the applicant/inventor.	•		
	assignee of record of	the entire interest. Se	ee 37 CFR 3.71	
	Statement under 37	CFR 3.73(b) is enclos	sed. (Form PTO/SE	3/96).
	☑ attorney or agent of record.			
	attorney or agent und	er 37 CFR 1.34(a).		•
	Registration number if acting under 37 CFR 1.34(a)			
	RNING: Information on this			
	November 17, 200	3		
	Date		- /*//]	Signature
31014 ****			John	P. Isacson Reg. 33,715
снаці ооооо	065 09254288		V	sustomer No. 26633
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			terest or their representat	tive(s) are required. Submit multiple
	re than one signature is required, se il of <u>1</u> forms are submitted.	o Delow		



Name (Print/Type)

John P. Isacson

PTO/SB/17 (12-04

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/254.288 Application Number EE TRANSMIT April 2, 1999 Filing Date For FY 2005 Wolfgang TESCHNER et al. First Named Inventor I. Marx **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1651 Art Unit 37974-0189 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card None Other (please identify): Deposit Account Name: Heller Ehrman White & McAuliffe LLP Deposit Account Deposit Account Number: 08-1641 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 50 130 65 200 Plant 100 300 150 160 80 600 Reissue 300 500 150 250 300 **Provisional** 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims x 50.00 200.00 Fee Paid (\$) Fee (\$) 26-22 HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP ≃ HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Extra Sheets Total Sheets** Fee Paid (\$) (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Extension of Time (x2) (Form PTO/SB/22) 450.00 SUBMITTED BY Registration No. (Attorney/Agent) Telephone (202) 912-2000 Signature 33,715

Customer No. 26633

Date December 13, 2004